

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723731 (6)  
1. Corporation Name  
**THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 4450 N. A1A, P O BOX 3612, VERO BEACH FL 32964  
Mailing Address: 4450 N. A1A, P O BOX 3612, VERO BEACH FL 32964

3. Date Incorporated or Qualified: 06/22/1972  
3a. Date of Last Report: 01/25/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1525258	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
WILLIAM, STEWART J 3355 SOUTH OCEAN DRIVE VERO BEACH FL 32964		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRYAN, JOSEPH C.	1.2 NAME	Dyer, John M.
STREET ADDRESS	4450 N. A1A #501	1.3 STREET ADDRESS	3406 Ramsgate Terrace
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Alexandria, VA 22309
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, EDWIN J.	2.2 NAME	Reese, Mervin J.
STREET ADDRESS	4450 N A1A #402	2.3 STREET ADDRESS	3030 S. 106 St.
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	Omaha, NE 68124
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTORI, ANN	3.2 NAME	Sartori, Anne B.
STREET ADDRESS	4450 N. A1A #103	3.3 STREET ADDRESS	4450 N. A1A, #103
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUGHN, A. ERNEST	4.2 NAME	Straughn, A. Ernest
STREET ADDRESS	831 HEATHERCREST	4.3 STREET ADDRESS	831 Heathercrest
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, JOSEPH D.	5.2 NAME	Mattie, Richard
STREET ADDRESS	24 MITCHELL DR.	5.3 STREET ADDRESS	21 Westchester Drive
CITY-ST-ZIP	TOMS RIVER NJ 08753	5.4 CITY-ST-ZIP	Cartersville, GA 30120
TITLE	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANE, HELEN C.	6.2 NAME	
STREET ADDRESS	4450 N. A1A #505	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000 32963	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne B. Sartori 2/19/96 407-231-1593  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Anne B. Sartori

CR2E037 (12/95)